

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 89/67048	FILING DATE 9/29/00					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3							53						
4							54						
5		4		4		2	55						
6		4		4		2	56						
7		4		4		2	57						
8		4		4		2	58						
9		4		4		2	59						
10		4		4		2	60						
11		4		4		2	61						
12		4		4		2	62						
13		4		4		2	63						
14		4		4		2	64						
15		4		4		2	65						
16		4		4		4	66						
17		2		2		2	67						
18		2		2		2	68						
19		2		2		2	69						
20		2		2		2	70						
21		3		3		3	71						
22				4		2	72						
23				4		2	73						
24				4		2	74						
25				4		2	75						
26				4		2	76						
27				4		2	77						
28				4		2	78						
29					1		79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		7		TOTAL IND.						
TOTAL DEP.	62		40		50		TOTAL DEP.						
TOTAL CLAIMS	63		41		57		TOTAL CLAIMS						